MDR: M4-02-2012-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 04/10/01 and 05/30/01.
   b. The request was received on 02/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. TWCC 62 forms
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II: No Response

3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/18/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/19/02. Based on 133.307 (j), the insurance carrier did not respond to the request for medical dispute.

4. Notice A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 12/12/01
   "…on DOS 4-10-01, we billed a charge for Depo-Medrol (J1030, 40mg, 1 unit), in the amount of $40.00….I have enclosed an invoice to prove our costs…..we also billed a charge for lidocaine (J2000, 50cc) in the amount of $7.00….lidcocaine is always paid separtely [sic]….we billed procedure 20610 (drain injection, joint)….we received was 50% of what we billed….On DOS 5-30-01, we billed for procedure 23120 (claviculectomy of shoulder). The insurance company reduced our reimbursement by 50% due to multiple procedure guidelines. This procedure was done thru [sic] a separate incision….we are to be reimbursed 100% …"

2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 04/10/01 and 05/30/01.

2. Per the provider's TWCC-60, the amount billed is $903.00; the amount paid by the carrier is $429.12; the amount in dispute is $473.88.

3. The carrier denied additional reimbursement by codes,
"F – REDUCTION ACCORDING TO MEDICAL FEE GUIDELINES.";
"M – REDUCED TO FAIR AND REASONABLE";
"G – INCLUDED IN GLOBAL".

4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
04/10/01	J1030 Depo-Medrol	$40.00	$4.62	M	DOP	Rule 133.307 (g) (3) (D); HCPCS descriptor	The provider submitted an invoice for Depo-Medrol, 40 mg 5ml. The quantity ordered was 25 units at $17.95 a unit. The provider billed one unit of J1030 (Depo-Medrol). The provider established that the carrier's payment was not a fair and reasonable amount. Reimbursement in the amount of **$13.33** is recommended. (1 unit = $17.95 – $4.62 payment = $13.33)
04/10/01 04/10/01	J2000 x 2; (lidocaine)	$7.00 x 2 = $14.00	$0.00	G	DOP	MFG SGR (V) (A) (B) (2); HCPCS descriptor	The provider's HCFA lists the place of service as "POS –11" indicating the services were performed in the doctor's office. In accordance with the referenced ground rule, anesthesia supplies which include the administration of the sedative, the IV solution, and drugs shall be billed by CPT code 99070-AS." **No** reimbursement recommended.
04/10/01	20610	$40.00	$20.00	F	$40.00	MFG SGR (I) (E) (4); (D) (1) (b); CPT descriptor	Per the MFG Surgery Ground Rules, the major procedure reflecting the greatest MAR value is the primary procedure. The Requestor has billed CPT code 20605 as the primary procedure. For CPT Code 20610, the provider billed the MAR amount, $40.00. The carrier paid $20.00. Because the provider's note indicates a secondary procedure, related to the same body area, the shoulder, was performed this CPT Code is subject to the multiple procedure rule. The carrier's reimbursement of $20.00 (1/2 of $40.00 MAR =$20.00) was appropriate. **No** additional reimbursement is recommended.
05/30/01	23120	$809.00	$404.50	F	$809.00	MFG SGR (I) (D) (1) (b) (iv), (c); CPT Descriptor	Per the MFG Surgery Ground Rules, the major procedure reflecting the greatest MAR value is the primary procedure. The provider billed CPT Code 29826 as the primary procedure. For CPT Code 23120, the provider billed the MAR amount, $809.00. The carrier paid $404.50. Because the Requestor's operative note indicates a secondary procedure, related to the shoulder was performed through a separate incision, this CPT Code is subject to the multiple procedure rule. The carrier's reimbursement in the amount of **$404.50** (1/2 of $809.00 MAR = $404.50) was appropriate and **no** additional reimbursement is recommended.
Totals		$903.00	$429.12				The Requestor **is** entitled to additional reimbursement of **$13.33.**

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit $13.33 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of February 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm